## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stand For Truth, Inc.	
	C C00592337
Check if 24-hour report X 48-hour report New report Amends report filed	d on M=M / D=D / Y=Y=Y=Y
Full Name of Payee	Date of Public Distribution/Dissemination
SRCP Media, Inc.	01 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 North Union Street	Amount
Suite 200	
City State Zip Code Alexandria VA 22314	699507.00  Transaction ID : SE.4271
Purpose of Expenditure Advertising - TV  Category/ Type  004	Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
Tod Cruz	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Walling Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Galorida Todi To Balo	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	699507.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	699507.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	01 29 2016
Signature	